

Elizabeth Senior Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place between the 20 and 26 June 2017 and was announced.

The service was last inspected on the 23 and 24 July 2014. At that time, it met all legal requirements and was provided with an overall rating of 'Good'.

Elizabeth Senior Care Ltd provides care and support to people living in their own homes in and around the area of Ellesmere Port. People are able to access the services of Elizabeth Senior Care Ltd directly. At the time of this inspection the service was supporting and caring for 44 people, enabling them to continue to live in their own homes.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was also the registered provider. For the purposes of this report, they will be referred to as the registered provider.

During this inspection, we identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Staff had a good understanding of the support people required. However, records showed that people's needs were not always robustly assessed and only basic information was available for staff. Risk assessments were not in place where there were identified risks such as moving and handling. This meant that staff less familiar with a person may not provide the right level of support. A daily record was kept for the purpose of recording care offered and delivered but this did not fully or accurately reflect what actually occurred.

Improvements were required to ensure the safety of medication administration: records and training were not adequate to promote safe and effective practice.

There were no formal quality assurance systems to review the safety and effectiveness of the service. Issues we found during our inspection relating to support planning, risk assessments, medication, training and documentation had not been identified or fully addressed. Policies and procedures had not been updated to reflect changes in legislation or best practice.

Staff understood the importance of seeking consent from people prior to delivering care. People who used

the service and their relatives told us that support was always given in line with people's wishes. We have made a recommendation about accessing training and evidencing consideration of the Mental Capacity Act (2005) in care planning.

There were sufficient staff to support people. When new staff were appointed recruitment checks were carried out to make sure they were suitable to work with vulnerable people. The registered provider did not have a system in place to assure themselves of a person's on-going suitability to work with vulnerable people.

Staff understood what was meant by abuse and they were aware of the process for reporting any concerns. Family members told us that they felt reassured by staff and that the service was safe. The information given to staff in regards to safeguarding adults required updating in line with changes to legislation and local authority guidance.

Where concerns about people's health or wellbeing were noted, discussions were held with family members and people were referred to the appropriate services. Staff worked well with health and social care professionals to make sure people received the care and support they needed.

The registered provider ensured that, where possible, people had a consistent team of staff. This enabled people, relatives and staff to build up good working relationships and develop confidence in the service. Staff were caring and treated people with kindness and respect. People who used the service and their relatives were happy with the overall care that they received. Feedback we received and discussions with staff confirmed that people were treated with dignity.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not completely safe.

Improvements were needed to ensure that the management and administration of medicines was safe.

Staff spoken with knew how to keep people safe. However, identified risks to individuals were not assessed and so action was not taken to minimise the risk of harm to people and staff.

Staffing was planned on a rota basis to help ensure that people received a consistent service from staff. Staff recruitment was thorough to help ensure that only people suitable to work with vulnerable people were employed by the service.

Is the service effective?

Requires Improvement 

The service was not fully effective.

The induction and the training provided to staff required review to ensure that staff had the competence to carry out safe care and treatment.

People who used the service and their relatives were involved in making decisions about the care and support planned and delivered. However, the service did not demonstrate through any assessment that it was meeting the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good 

The service was caring.

People told us that the staff and management of the service were kind and caring. When people were unwell staff ensured that they alerted relevant agencies and did not leave them alone until they were satisfied it was appropriate to do so.

People who used the service, their relatives and carers told us that staff always respected their privacy and dignity when

delivering personal care and support.

Is the service responsive?

The service was not fully responsive.

People told us that staff knew them well and that all their needs were met. However, records did not reflect the support required and so there was a risk that staff less familiar with a person would not deliver the care required.

Staff communicated with management of the service, relatives and carers if they felt people required further or different support.

A complaints procedure was available but needed updating. People told us that they knew how to make a complaint if needed.

Requires Improvement 

Is the service well-led?

The service was always not well led.

There were no effective systems in place to assess and monitor the safety and effectiveness of the service.

People and staff told us that the management of the service was good. If required they could speak to them at any time for support or advice.

The views of people who used the service and their relatives was regularly sought on an informal basis and when needed action was taken.

Requires Improvement 

Elizabeth Senior Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between the 20 and 26 June 2017 and was announced.

The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was undertaken by one adult social care inspector.

Prior to the inspection the provider sent us information by way of a Provider Information Return (PIR) about how they supported people. We also checked what information had been sent to the Care Quality Commission since we had last visited the service.

We gained the views of people who used the service and their relatives by speaking to them on the phone or visiting them in their own homes. We spoke with fourteen people and seven relatives.

During our visits to the office, we looked at seven staff files, training and supervision records, policies and procedures, accidents records and other information relevant to the management of the service. We also reviewed the records of nine people who used the service: this included care plans, risk assessments, medication records and daily logs.

We contacted the local authority who had no information to share in regards to the service.

Is the service safe?

Our findings

People who used the service told us that it was safe. Comments included "It is excellent all round and there are no safety concerns", "The staff come on time, never let you down, so I am safe and checked on throughout the day". Relatives shared this view and comments included "My [relative] is in safe hands with the carers" and "They are very good and I have no concerns about the care provided".

People told us that they received support with their medicines and this ranged from a prompt to physical assistance in taking. They confirmed that they received their medicines prescribed. However, care plans were not clear on the level of support that a person required. The systems in place for the safe management of medicines required improvement. Medicine administration records (MAR) were available for people who required support with their medicines. These were handwritten and did not record the signature of the member of staff who completed them. If handwritten MARs are used it is good practice that they are checked for accuracy by another trained and competent person at the earliest available opportunity.

The MAR stated "blister pack" but there was no information as to what this should contain and what had been administered. Where medication was not in the blister pack, the MAR did not include key information such as the dose required, the quality of tablets available or how it was to be administered. For example: one MAR stated ear drops but no indication what these were, to which ear to be administered or how many drops were required. Also, there was no information in the care records to direct staff how creams should be applied. The health of people using the service is placed at risk of harm when medicines records are inaccurate. Following the inspection, the registered provider confirmed they had taken steps to address the concerns.

Some people were prescribed medicines to be taken when required (PRN), for example painkillers or laxatives. We found, in all cases, there was not enough information available to guide staff why or when these medicines should be offered. Where a variable dose was prescribed, there was no guidance as to how much medication should be given. This meant that people could be administered more medication than recommended over a set time period. It is important that this information is recorded and readily available to ensure people are given their medicines safely, consistently and in line with their individual needs and preferences.

It was not clear from records which medicines had been prescribed and which had been bought over the counter. There was no policy or guidance for staff on supporting with medications that had not been prescribed.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to ensure that proper and safe management of medicines.

People told us that the staff knew how to support them and keep them safe. However, risk assessments were not always undertaken to protect the health and welfare of people who used the service and staff. There were no risk assessments to direct staff in how to manage the risks associated with moving and

handling, pressure prevention, smoking or malnutrition. For example, there were no moving and handling plans for people who required support with mobility. Staff supported some people to move safely with the assistance of equipment. There was no information about the type of equipment or how it was to be used to ensure the safety of the person and the staff. One person took medication that posed a risk of bruising or excess bleeding but there was no information in regards to this and how staff needed to provide safe care.

Environmental risk assessments were in place to ensure staff were working in a safe environment but these were not regularly updated. They did not contain a Control of Substances Hazardous to Health (COSHH) assessment which concentrates on the hazards and risks from substances that staff may use in the course of cleaning, dealing with spillages etc.

This was in breach of Regulation 17 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems in place to identify and assess risks to the health and safety of people using the service.

There was a policy in place to record accidents and incidents. The accident book we were shown contained no information and the registered provider manager informed us that there had been none reported. We asked them to review this further as it was unlikely that there had been no reportable incidents since the last inspection.

There were systems in place to support the safe recruitment of staff. People had completed an application form and there was a documented interview that assessed their suitability. People had a Disclosure and Barring Service check prior to working on their own within a person's home. This helped the registered provider make safer recruitment decisions. Some staff had a DBS that had been undertaken over seven years ago. We asked the registered provider to review this and to ensure that a system was put in place to ensure that staff remained suitable to work with vulnerable people.

People who used the service and staff had access to emergency contact numbers if they needed advice or help from senior staff. Everyone we spoke with had found it easy to contact the office at any time which increased their feeling of safety.

We found the staffing levels to be sufficient. People told us that staff had never missed a visit. They commented "Staff always let you know if they are going to be late or early" and "They always let me know they are on their way as sometimes they get caught with an emergency". The staff we spoke with also felt that staffing levels were good and that holidays and absences were well managed. The registered provider told us that she was conscious of the number of service users they took on and the dependency of those already being supported. She assured us that unless there were sufficient staff to cover everyone's needs she would rather say no to someone new. Staff rotas showed us that shifts were covered by a consistent number of staff. Staff worked a regular five days on and two days off pattern so people knew exactly who was coming to them.

Staff had access to gloves and aprons to ensure that they minimised the risk of cross infection. People confirmed that staff used this and that they helped them to maintain a good standard of cleanliness in their own homes.

Is the service effective?

Our findings

People informed us that the staff were "Well trained", "Knowledgeable" and "Very skilled". One person told us "I was a bit anxious at first with some of the less experienced staff but I need not have been. They are supervised at first and all of the staff pick things up very quickly". Relatives confirmed that they had every confidence in the knowledge and skills of the staff.

All staff completed an induction programme based on orientation to the service, DVD training in some aspects of the role, and shadow shifts alongside a more experienced worker. In April 2015, the Care Certificate was introduced. This qualification aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. There is an expectation that all induction programmes for new staff follow this standard: the registered provider was unaware of this and the induction programme did not follow these standards. Following the inspection, the registered provider confirmed they were taking remedial action to ensure the induction for new staff would meet these requirements.

People confirmed any new member of staff worked alongside a colleague until they were confident in delivering support. Staff told us that it was expected that they shadowed a more experienced staff member until they were deemed able to work on their own. Staff made it clear that this was not based upon a fixed time period but took as long as it needed. Staff assured us that no one worked alone until they felt confident. However, there was no formal assessment of a person's competence and ability to work unsupervised. There was no feedback recorded from the staff that had been responsible for the learning and shadowing of new staff during that period. This meant that the registered provider could not be fully assured of the skill level and development of new staff. Following the inspection, the registered provider confirmed they were taking steps to ensure a more robust system was in place for assessment and monitoring of staff competence.

Staff training was mainly in the form of a DVD and test questions following this. This training covered dementia, safeguarding, medication, moving and handling, food hygiene and health and safety. This DVD training package had not been updated to reflect some of the changes to legislation, policy and guidance.

Some aspects of a staff member's role (such as moving and handling or medication administration) required a practical competency assessment of their skills to ensure that staff understood all the principles of the training and could follow it. Staff told us that they sometimes had advice from an occupational therapist where a new piece of equipment was to be used. However, there was no practical training provided to staff from a person deemed as competent to deliver this. There was no initial or regular assessment of a staff member's competence to administer medication.

Where medication required a specialised route such as eye drops, creams, and inhaler there was no evidence that staff had received direction from a clinical practitioner to ensure competence before they carried out this task. Staff sometimes assisted people to monitor blood glucose levels with a finger prick test: but there was no assessment of their competency to carry out this procedure. This meant that there

was a potential risk to people as staff had not been trained and therefore could accidentally cause harm. Following the inspection, the registered provider confirmed the arrangements made to ensure staff had training and guidance in regards to this.

These are breaches of Regulation 18 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014 because the registered provider had failed to ensure staff received appropriate training to fulfil the requirements of their role.

Systems were in place for staff to receive a one to one meeting with a senior member of staff to review their performance. Staff confirmed that they had the opportunity to discuss matters in this meeting but also at any other time. Staff were encouraged to further develop themselves: all had either completed or were working towards a vocational qualification.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us that staff sought their agreement before carrying out any personal care and that staff respected their wishes. One person told us, "They always check what I want doing and how " and another commented "They respect that I can make my own decisions about things". Staff had not received MCA training in order to give them a better understanding of the importance of giving people the opportunity to make their own decision or how to manage situations where a person lacked in mental capacity to make a decision.

Whilst staff understood the need to gain consent and what this meant, care plans did not indicated what decisions a person was able to make for themselves. Care plans did not indicate clearly where a person was not able to make an informed decision and so staff or family had to act in their best interest.

The registered provider required people who used the service to sign to say that they consented to care and treatment. However, we saw that in some cases these had been signed by the person's 'representative'. Checks had not been undertaken to ensure that this was someone who had the legal authority to do so through a Lasting Power of Attorney.

We recommend that the registered provider source appropriate training for staff in respect of the MCA and refers to current best practice guidance updating its practice accordingly

People received support with food and fluids to ensure that they kept well. They confirmed that staff assisted them with this and left snacks and drinks close at hand throughout the day. Where there were specific concerns, staff sometimes kept a more detailed record of what the person had eaten and drunk in order to provide information for a medical professional and to inform a further treatment plan.

Is the service caring?

Our findings

People said that the staff were very caring and respected them. Comments included "They are all really great, everyone one of them", "They really care about you and go that extra mile" and "I just don't know what I would do without them, they are my lifeline".

People told us that that staff treated them with kindness and gave them the time that they needed. One person said "They never rush me if I am feeling unwell" and another stated "They worry about me if I am not well, it's nice to know that they care". Relatives said that staff "Go that extra mile" and "Always let me know if there is a concern, they would never ignore something".

Staff spoke about their roles with passion and pride. Some staff had personal experience of caring or had received care for a family member. They said that this was what compelled them to provide a good and compassionate service.

People said that staff maintained their privacy and dignity. They described how staff ensured that personal care was delivered in a private area when there were other people in their house. Another person said that staff always asked before they went into another room or area of the house and did not simply walk around uninvited.

Where possible the registered provider ensured that people received care and support from a regular staff team. This way staff got to know a person well and were able to develop a good relationship. This was evident as staff were able to describe to us people's preferences in relation to their routines, likes and dislikes and matters of importance. A relative said "We have consistency and continuity of care for which is very important as [relative] has dementia" and another said "I have had this agency for years: I have had the same staff all the time" and "There has been a good level of consistency."

Staff told us that one of the things they appreciated was getting to know people and not being rushed. One staff member talked to us about the importance of initial introductions. They said that they rarely were asked to provide support on their own to someone they had not met previously and usually had an introduction from a colleague. This showed that thought and consideration had been taken into account by the registered provider when arranging support to meet people's needs.

People were provided with a Service User guide ahead of receiving support. This gave them information about the service and what they could expect.

Records in the office were held securely and only available to those people that required them. This ensured confidentiality of information.

Is the service responsive?

Our findings

People we spoke with told us that the staff knew them very well and that their care was delivered in line with their wishes. Comments included "Staff know me pretty well and how I like things to be done" and "The girls have been coming here for ages and so its second nature to them now".

Relatives confirmed that the staff met the needs of their family member well.

Prior to any support being delivered an initial assessment of need was completed with each person and/or their relevant others. This information was used to form the basis of care plans for staff to follow in order to deliver the support a person required.

Care plans were in place which should direct staff to provide the level of support required. However, we found that they were variable in their style, detail and content. Care plans were not personalised and did not provide information for staff clearly as to how to provide a person's support. They contained no details on a person's routines, preferences and wishes.

Care plans contained generalised statements such as "Help with mobility" or "Assistance with personal care", "Change pads throughout the day" or "Ensure all needs are met". There was little guidance for all moving and handling tasks contained within the care plans or risk assessments and there were statements such as "Help with transfer" or "Hoist".

Care plans for support with medication were not always consistent with the support being given according to the daily records. We saw from one person's records that they had a catheter but it was indicated that they did not require assistance with this. The person confirmed that staff did assist with the emptying and changing of the bag. The daily records of one person indicated that staff were to encourage the person to take nutritional supplement drinks on a daily basis. However, there was no information in the care plan to indicate any concerns around weight loss or nutritional risk.

This meant that there was a risk that a staff member less familiar with a person would not have the detailed information required to provide a consistent level of support.

We looked at the care plan for a person who had diabetes. There was insufficient information with regards to the monitoring of this. Staff were able to tell us what they did to support the taking and recording of blood glucose levels (BM's). There was no information in the care plan to guide staff as to what were the risk factors for someone with diabetes, the symptoms of high or low blood sugars or the actions they would take should BM's fall outside the acceptable range.

The registered provider did not have processes in place to ensure that people's care and support was reviewed on a regular basis. This meant that there was no opportunity for any changes in needs to be identified and any changes made to the support they received.

Staff kept a daily log of each visit but this was not reflective of the support that had been offered, delivered

or refused. Some entries were not meaningful such as "all support given" whilst others were not a true description of what had occurred. For example, staff observed a person administer medication and eye drops but the records indicated that staff administered.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the registered provider had failed to ensure that accurate and complete record were held in respect of each person.

People who used the service and their relatives said that they had not raised a formal complaint. People we spoke with were aware of how to complain. The registered provider informed us that no formal complaints had been made since our last inspection. They did not keep a log of informal complaints and how these were resolved.

The complaints policy contained confusing information as to what constituted a complaint and what was a safeguarding matter. This required further review. We spoke with the registered manager about the need to update the policy (last reviewed 2013) to ensure that it gave clear guidance for people as to the timescales in which they could expect a response and whom to go to should they remained dissatisfied.

Is the service well-led?

Our findings

People said that they had chosen this provider as it was a small family run business and was well managed. People said "The owner really cares about you and they treat you like family" and "It's very well run and organised. They won't let you down".

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

There were no formal quality assurance systems that enabled the registered provider to monitor specific aspects of the service such as medicines management, care plans, daily records and training. This meant that they did not identify and address shortfalls in order to improve the service. The registered provider said that she looked at these records but did not carry out a formal and documented audit.

The service had policies and procedures which covered all aspects of the service and these were stored in the office. These were mainly out of date, had not been reviewed since 2010. They did not reflect up to date guidance and best practice. For example, a recruitment policy referred to obtaining a Criminal Records Bureau check but this has been replaced by a DBS, the Infection and Control policy made no reference to The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance, and the safeguarding policy was not updated to reflect the Care Act 2014. There was no record of staff having read the policies and procedures as part of their induction programme.

The registered provider had failed to ensure that there were systems in place to ensure that equipment used by staff, such as mobile or fixed hoists, was safe and serviced by a person deemed as responsible.

Records of medicines administered were kept but these were not subject to regular review to ensure the arrangements were effective. The registered provider was not aware of the NICE guidance 'Managing medicines for adults receiving social care in the community' published in March 2017 and we found that policies and procedures were not in line with current guidance.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the registered provider did not effectively use systems and processes to assess, monitor and improve the quality and safety of care.

There was a system in place for people to provide feedback on the service via a questionnaire. However, these were not sent to people on a regular basis and some people said they had never been asked to complete one. People told us that the registered provider often assisted with care delivery and so they were not without opportunity to provide feedback.

The registered provider must submit to us notifications of key events in the service such as deaths, safeguarding or serious injury. CQC had not received any notifications from the service since 2014 but was informed by the registered provider that nothing had been reportable.

Staff got together on a regular basis for support and guidance. A patch meeting was held monthly which gave staff the opportunity for information sharing and updates. Staff said they found these meetings useful and they appreciated the support they received from each other.

Elizabeth Senior Care Limited had received an award in 2016 for Employer of the Year given in recognition of the quality of care and the support provided.

All of the staff spoken with told us that the registered provider manager always made time to speak to them. A number of staff they told us that it was one of the best employers they had ever worked for. They spoke positively about the leadership of the service. Their comments included "The manager is so supportive and always at the end of the phone." and "This is an exceptional place to work. It's like being part of a big family".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure that proper and safe management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective systems in place to identify and assess risks to the health and safety of people using the service. They did not effectively use systems and processes to assess, monitor and improve the quality and safety of care. The registered provider had failed to ensure that accurate and complete record were held in respect of each person</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had failed to ensure staff received appropriate training to fulfil the requirements of their role.</p>